



Dear UnitedHealthcare Member:

We are pleased to announce the availability of a new process for handling the submission of claims for Medicare secondary coverage administered by UnitedHealthcare. Based on agreements with Medicare, we can receive an electronic copy of your Explanation of Medicare Benefits (EOMB) statement directly from the Medicare processor. Upon receipt of the EOMB, UnitedHealthcare will process the balance of your claim under the provisions of your employer's benefit plan. This eliminates the need for you or your physician to make a copy of the EOMB and submit a second claim to UnitedHealthcare for Medicare.

To take advantage of this streamlined process, please complete the enclosed Medicare Cross-Over Enrollment Form and return it as soon as possible. Your spouse may also participate in this process if she/he is eligible for Medicare and does not have any other group medical benefits coverage from another source.

It is anticipated that this new process will be in place approximately 4 weeks after UnitedHealthcare receives the Enrollment Form. You can verify that the automated cross-over is in place if you receive an EOMB statement from your Medicare carrier which states that your claim has been forwarded to your secondary insurance carrier. Until this message appears on your EOMB, it is important that you continue to file secondary claims with UnitedHealthcare for that portion of the charges. If your Medicare carrier does not send you an EOMB, you will know that your claim was crossed over if your UnitedHealthcare Explanation of Benefits includes a summary of Medicare benefits.

This new process does not apply to prescription drug expenses. Claims for those expenses should continue to be filed as they have in the past.

Remember, in order for you to take advantage of this process for Medicare and DME secondary claims, it is important that you complete and return the Enrollment Form as soon as possible. If you have any questions, please call UnitedHealthcare's Customer Care at the number on the back of your medical ID card.

Sincerely, UnitedHealthcare

Enclosure

Sample Medicare Card

A sample Medicare card for Jane Doe. The card features a red header with 'MEDICARE' and 'HEALTH INSURANCE' separated by the Medicare logo. Below the header is a blue bar with the phone number '1-800-MEDICARE (1-800-633-4227)'. The beneficiary's name 'JANE DOE' is printed in bold. The Medicare claim number '000-00-0000-A' is circled in black. The beneficiary's sex is listed as 'FEMALE'. The card also shows entitlement to Hospital (Part A) and Medical (Part B) benefits, both with an effective date of 07-01-1986. At the bottom, there is a signature line with 'Jane Doe' written in cursive and a small copyright symbol.

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY			
<b>JANE DOE</b>			
MEDICARE CLAIM NUMBER	SEX		
<b>000-00-0000-A</b>	<b>FEMALE</b>		
IS ENTITLED TO		EFFECTIVE DATE	
<b>HOSPITAL</b>	<b>(PART A)</b>	<b>07-01-1986</b>	
<b>MEDICAL</b>	<b>(PART B)</b>	<b>07-01-1986</b>	
SIGN HERE → <i>Jane Doe</i>			



Return To:  
Eligibility Operations  
Medicare Cross-over Program  
PO Box 30963  
Salt Lake City, UT 84130-0963  
or  
Fax: (248) 733-6061

### MEDICARE CROSS-OVER ENROLLMENT FORM

### THE PORT AUTHORITY

Yes! I want to participate in the Medicare Cross-Over Program.

**Retiree: (Please complete even if retiree is deceased) (PLEASE PRINT IN BLACK OR BLUE PEN)**

**Name** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State \*** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Medicare Claim Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Enter your Medicare Claim # as it appears on your Red, White and Blue Medicare Health Insurance Card)

**Spouse:**

**Name** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medicare Claim Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Enter your Medicare Claim # as it appears on your Red, White and Blue Medicare Health Insurance Card)

